




14230 U.S. PTO

Atty. Dkt. No. 038469-0213

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Guenst et al.  
Title: BLOOD VESSEL HOLDING  
AND POSITIONING SYSTEM  
Appl. No.:  
Filing Date: March 18, 2004  
Examiner:  
Art Unit:

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431600990 US	3/18/04
(Express Mail Label Number)	(Date of Deposit)
Carolyn Simpson	
(Printed Name)	
	
(Signature)	

17510 U.S. PTO  
10/804391  
031804

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Gary W. Guenst  
812 Hidden Forest Drive  
Collegeville, PA 19426

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Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (19 pages).
- ☒ [ X ] Formal drawings (6 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).
- ☒ [ X ] Declaration and Power of Attorney (4 pages).

- ☒ Assignment Recordation Cover Sheet.
- ☒ Assignment of the invention to Medtronic, Inc..
- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	37	-	20	=	17	x	\$18.00	=	\$306.00
Claims:									
Independents	5	-	3	=	2	x	\$86.00	=	\$172.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$1248.00
[ ]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$1,248.00

- ☒ A check in the amount of \$1,248.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3/18/04

By 

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